## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000012076**1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

ENCINOSA EXPOSITIONS, INC.

Principal Place	of Business	<del>.</del>	Mailin	ng Address											•••••	
161 31ST ST NW NAPLES FL 33964				161 31ST ST NW NAPLES FL 33964								o	- 14 ( 71 )	0.001.00	-	
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2. Principal Pl	ace of Business		2a. M	ailing Address					4.	FEI Number					App	ied For
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Suite, Apt.	Şı	Suite, Apt. #, etc.												Iditional		
22			27	<del></del>					_						e Req	
City & State	C	City & State					6.	Election Ca		_			.00 м			
23		<u></u>	28						+	Trust Fund					ded to	Fees
Zip		Country	Zi		_	_ Countr	У		8.	This corpora			ent year li			7
24 34/2				34120	30	0				Personal Pr	<u> </u>			Yes	- L	□No
	9. Name and	Address of Curre	nt Register	ed Agent		_  _		_	10.	Name and	Address o	of New R	egistere	d Agent		
1011						81	ין וי	ame								
	ES, JAMES G	T1:				82	2 S1	reet Add	dress (P	O. Box Nun	ber is Not	Accepta	ble)			
1207 SUIT	' 3rd st sou'	III				_	_									
1	LES FL 33940					83	3									
INAPI	LEO FL 33940					84	4 C	ity					F	85	Zip C	ode
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11. Pursuant	to the provisions	of Sections 607.05	602 and 607. e of Florida	.1508, Florida \$ Such change \	Statutes, was auth	, the above	ve-na v the	corporat	tion's bo	oard of direct	ors. I here	it for the p by accep	t the app	ointment	ng its r as regi	stered
office or n	egistered agent.	of Sections 607.05 or both, in the State and accept the oblig	e of Florida.	Such change v	was auth	norized by	y tne	corporat	tion's bo	oard of direct	ors. I here	t for the p by accep	t the app	ointment	as regi	stered
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90169 011 \*\*\*150.00

CR2E034 (11/98)